

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	FFC-001096P2
	First Named Inventor	Resterhouse et al
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Separator Assembly For Filler Device And Associated Method

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) [] as United States Application Number or PCT International

Application Number [] and was amended on (MM/DD/YYYY) [] (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.



Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patent, Washington, DC 20231.

DECLARATION – Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		 OR <input type="checkbox"/> Correspondence address below	
<div style="font-size: 24pt; font-weight: bold;">30981</div> PATENT TRADEMARK OFFICE			
Name Jovan N. Jovanovic			
Address 305 Hoover Blvd., Suite 300			
City Holland		State MI	ZIP 49423
Country US	Telephone (616) 355-0400		Fax (616) 355-9862
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Michael		Family Name or Surname Resterhouse	
Inventor's Signature 			Date 11-5-03
Residence: City Muskegon	State MI	Country US	Citizenship US
Mailing Address 3447 Root Rd.			
City Muskegon	State MI	ZIP 49441	Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Robert		Family Name or Surname Reils	
Inventor's Signature			Date
Residence: City New Lenox	State IL	Country US	Citizenship US
Mailing Address 928 S. Bentley			
City New Lenox	State IL	ZIP 60451	Country US
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.			

DECLARATION – Utility or Design Patent Application

Direct all correspondence to:

☒ Customer Number
or Bar Code Label



OR



Correspondence address below

30981

PATENT TRADEMARK OFFICE

Name Jovan N. Jovanovic

Address 305 Hoover Blvd., Suite 300

City Holland

State MI

ZIP 49423

Country US

Telephone (616) 355-0400

Fax (616) 355-9862

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Michael

Family Name
or Surname Resterhouse

Inventor's
Signature

Date

Residence: City Muskegon

State MI

Country US

Citizenship US

Mailing Address 3447 Root Rd.

City Muskegon

State MI

ZIP 49441

Country US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any]) Robert

Family Name
or Surname Reils

Inventor's
Signature

Date 11-5-03

Residence: City New Lenox

State IL

Country US

Citizenship US

Mailing Address 928 S. Bentley

City New Lenox

State IL

ZIP 60451

Country US

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Applicati n Number

Filing Date

First Named Inventor

Resterhouse, Michael

Title

Separator Assembly For Filler Device
And Associated Method

Group Art Unit

Examiner Name

Attorney Docket Number

FFC-001096P2

I hereby appoint:

☒ Practitioners at Customer Number

OR

☐ Practitioner(s) named below:

30981

PATENT TRADEMARK OFFICE

Place Customer
Number Bar Code
Label here

Name	Registration Number
William L. King	46830
Jovan N. Jovanovic	40039

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Place Customer
Number Bar Code
Label here☐ Firm or
Individual Name

King & Jovanovic, PLC

Address 305 Hoover Blvd.

Address Suite 300

City Holland

State MI

Zip 49423

Country US

Telephone (616) 355-0400

Fax

(616) 355-9862

I am the:

☒ Applicant/Inventor☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Michael Resterhouse

Signature

Date 11-5-03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	
Filing Date	
First Named Inventor	Resterhouse, Michael
Title	Separator Assembly For Filler Device And Associated Method
Group Art Unit	
Examiner Name	
Attorney Docket Number	FFC-001096P2

I hereby appoint:

☒ Practitioners at Customer Number

OR

☐ Practitioner(s) named below:

30981

Place Customer
Number Bar Code
Label here

Name	Registration Number
William L. King	46830
Jovan N. Jovanovic	40039

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

OR

Place Customer
Number Bar Code
Label here

<input type="checkbox"/> Firm or Individual Name	King & Jovanovic, PLC				
Address	305 Hoover Blvd.				
Address	Suite 300				
City	Holland	State	MI	Zip	48423
Country	US				
Telephone	(616) 355-0400	Fax	(616) 355-9862		

I am the:

☒ Applicant/Inventor☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	Robert Reils
Signature	
Date	11-5-03

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 2 forms are submitted.